

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKHarold Bryan

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York
New York City Dept. of Corr.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED
SDNY PROSECUTOR'S OFFICE
2016 MAY 26 AM 9:47

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: Yes No
(check one)

16CV3943

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Harold Bryant
 ID # 141-16-02246
 Current Institution Eric M. Taylor Center
 Address 10-10 Hilton Street
East Elmhurst, NY 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name City of New York Sbield # _____
 Where Currently Employed _____
 Address 1 Centre Street
NEW YORK, NY 10017

Defendant No. 2 Name New York City Dept of Corrections
Where Currently Employed _____
Address 75-20 Astoria Blvd
East Elmhurst, NY 11370

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Eric M. Taylor Center

B. Where in the institution did the events giving rise to your claim(s) occur?

Dorm Arest

C. What date and approximate time did the events giving rise to your claim(s) occur?

April 6, 2016 At APPROX. 4:30 P.M.

D. Facts: Due to an unruly inmate, it was ordered by Corrections Supervisors to spray the dormitory with M-K-9 Chemical, known on Pikers Island as M-K-9 which was sprayed recklessly throughout the dormitory for one individual was at the time unharmed and not necessary.

Such agent caused sever skin irritation, Bleary-eyed burning as well as struggling to continue to breath.

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Burning Eyes, Burning Skin and difficulty breathing

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Eric M Taylor Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No _____ Do Not Know _____

If YES, which claim(s)? All

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Eric M-Taylor Center's IGRC office

1. Which claim(s) in this complaint did you grieve? All

2. What was the result, if any? Have not Heard from

IGRC office Yet

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Attempted to Speak with Captains, Asst. Deputy wardens to no avail

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I seek relief for Pain and suffering, Mental Aggravation, Curves and Post Traumatic Stress Disorder I seek Monetary damages in the amount of \$ 650,000 Thousand dollars,

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No ✓

On
these
claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14 day of May, 2016.

Signature of Plaintiff

Inmate Number

Institution Address

Harold Breyan
14116 02240
Eric M. Taylor Center
10-12 Flazon Street
East Elmhurst, NY
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 14 day of May, 2016, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

Harold Breyan

Bryan, Harold # 1411602240

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
	INMATE GRIEVANCE AND REQUEST PROGRAM		
	DISPOSITION FORM	Attachment - C	

Form: # 7102R
 Eff.: 09/10/12
 Ref.: Dir. #3376

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

- Staff-on-inmate non-sexual assault (use of force) allegation
- Staff-on-inmate sexual assault/abuse allegation
- Staff-on-inmate non-sexual harassment
- Inmate-on-inmate non-sexual assault allegation
- Inmate-on-inmate sexual assault/abuse allegation
- Inmate-on-inmate non-sexual harassment allegation
- Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate

- Medical staff, e.g., complaints regarding quality of care, request for second medical opinion
- Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion
- Request for protective custody (fear for safety)
- Request for accommodation due to disability
- Inmate disciplinary process and dispositions
- Freedom of Information law request
- Other *Staff complaint*

Next steps: *A personal injury claim form* will be provided if the complaint will be forwarded to the WADP. Date of Deadline for Status Update from Relevant Entity:

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

<i>Harold Bryan</i>	<i>4/21/16</i>	<i>Blonley</i>	<i>4/21/16</i>
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STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition:

Date returned to inmate:

IGRC Members Signatures:

Please decide within five business days of receipt whether to appeal (Check one box below.)

- Yes, I agree with the IGRC hearing disposition.
- No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:
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STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.

- Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.
- Grievance not forwarded to the Commanding Officer (explain):

Grievance Supervisor's Signature:	Date:

(WIG)

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Harold Bryan</i>	Book & Case #: <i>1411602240</i>	NYSID # (optional): <i>45629252L</i>	
Facility: <i>C-76</i>	Housing Area: <i>6 Main</i>	Date of Incident: <i>April 6, 2016</i>	Date Submitted: <i>4/7/16</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Requests Program (IGRP) staff, IGRP staff will time-stamp and issue a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

10 whom it may Concern: On April 6, 2016, at 4:30 pm there was an incident where an inmate had to be physically removed from the housing area I was in. The officers recklessly and carelessly sprayed the chemical agent m8-9 through the housing unit heavily dousing myself and other inmates and officers. I immediately requested for medical attention from the officers due to me vomiting several times. I felt punished for being taken to the infirmary and not the clinic. I had to walk to be seen by a doctor. My head face and neck and chest were in pain my throat were burning for hours due to the m8-9.

Action Requested by Inmate:

I want to be compensated for my pain and suffering in the amount of \$500.00

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes No

Do you need the IGRP staff to write the grievance or request for you?

 Yes No

Have you filed this grievance or request with a court or other agency?

 Yes No

Did you require the assistance of an interpreter?

 Yes NoInmate's Signature: *Harold Bryan*Date of Signature: *4/7/16*

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below: <i>4/20/16</i>	Grievance and Request Reference #: <i>N/G</i>	Category: <i>Staff Complaint</i>
Inmate Grievance and Request Program Staff's Signature: <i>Ron Gru</i>		



Harold Bryant #1116022410
10-10 Haizer Street
East Elmhurst, NY 11370

2016 MAY 26 AM 9:48
RECEIVED
SNDY
SC OFFICE

U.S. District Court
Southern District of New York
500 Pearl Street
New York, NY 10021

JSM P3
SDAY

Legal Mail